**FORM PTO-1083** 

**PATENT** 

Case Docket No. TSM

In RE application of

Serial No.: 10/712,031

Group Art Unit:

2188

Filed: November 14, 2003

Examiner:

G.J. Portka

For: STORAGE SYSTEM

**Assistant Commissioner for Patents** Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identfied application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted. A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- The fee has been calculated as shown below:

No additional fee is required.

(COL. 1) (COL. 2) (COL. 3) Claims Remaining After Amendment Highest No. Present Extra Previously Paid For 22 20 2 Total Minus 0 2 ... 3 Indep. Minus First Presentation of Multiple Dependent Claims

| SMALL ENTITY |       |                   |  |  |  |  |
|--------------|-------|-------------------|--|--|--|--|
| Rate         |       | Additional<br>Fee |  |  |  |  |
| ×            | 9     | \$                |  |  |  |  |
| ×            | 42    | \$                |  |  |  |  |
| +            | 140   | \$                |  |  |  |  |
|              | Total | \$                |  |  |  |  |

OTHER THAN A SMALL ENTITY

| Rat | е    | Additional<br>Fee |    |
|-----|------|-------------------|----|
| x 1 | 8    | \$                | 36 |
| x 8 | 34   | \$                | 0  |
| + 2 | 80   | \$                | 0  |
| 7   | otal | \$                | 36 |

- If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.

  If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.

  If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.

  The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Please charge my Deposit Account No. 50-1417 in the amount of \$

100.00 A check in the amount of \$ is attached in payment of: Credit Card Payment Form - 2 dependent claims

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Any Extension of Time fees that are necessary, which are requested if necessary.

MATTINGLY, STANGER & MALUR, P.C. 1800 Diagonal Rd., Suite 370 Alexandria, Virginia 22314 (703) 684-1120

Date: May 13, 2005

34,663 Registration No. Attorney for Applicant(s)



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Appl. 140.

10/712,031

Confirmation No. 7513

**Applicant** 

N. IWAMI et al

Filed

November 14, 2003

Titled

STORAGE SYSTEM

TC/A.U.

2188

Examiner

G.J. Portka

Docket No.

**TSM-34** 

**Customer No.:** 

24956

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## **AMENDMENT**

Sir:

In response to the Office Action of March 18, 2005, please amend the aboveidentified application as follows.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

Remarks / Arguments begin on page 10 of this paper.

05/16/2005 HALI11

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